



GVNW CONSULTING, INC.

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Received & Inspected

JUN 19 2015

FCC Mail Room

June 16, 2015

REDACTED – FOR PUBLIC INSPECTION

VIA Courier

Marlene H. Dortch, Secretary
Federal Communication Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 14-58, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208. Before the Federal Communications Commission.
Form 481 – Carrier Annual Reporting Data Collection, 2015

Dear Ms. Dortch:

On behalf of Lincoln County Telephone System, Inc. ("LCTS"), GVNW Consulting, Inc. hereby submits the attached redacted and confidential versions of its "FCC Form 481 – Carrier Annual Reporting Data Collection" information pursuant to sections 54.313 and 54.422 of the Commission's rules, as filed with the Universal Service Administrative Company. A copy is also being submitted to the Public Utility Commission of Nevada.

LCTS requests confidential treatment under the Protective Order previously adopted in this proceeding for the section 54.313(f)(2) financial information attached to the report on the grounds that it contains competitively sensitive information that is secure from public access and that this information should not be released publicly for inspection as it could be used by a competitor to disadvantage or harm LCTS. In addition, LCTS is requesting confidential treatment pursuant to sections 0.457 and 0.459 of the Commission's rules for the Progress Report required by section 54.313(a)(1) to be attached to this report. Similar to the financial information submitted under section 54.313(f)(2), the information contained in the Progress Report contains competitively sensitive information, including but not limited to build-out activities and capital expenditures, that is secure from public access as it could be used by a competitor to disadvantage or harm LCTS.

No. of Copies rec'd 0+1
List ABCDE

In accordance with the Protective Order, two redacted copies marked "REDACTED - FOR PUBLIC INSPECTION" and one non redacted confidential version marked "CONFIDENTIAL - NOT FOR PUBLIC INSPECTION" are being filed with the Commission. A redacted copy has also been filed via the Electronic Comment Filing System.

Received & Inspected

If you have any questions, please contact me at 503-612-4461.

JUN 19 2015

Sincerely,



Ken Snow
GVNW Consulting, Inc.

FCC Mail Room

Enclosures

Cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies, confidential)

FCC Form 481 - Carrier Annual Reporting Data Collection Form		
<010> Study Area Code	552351	Received & Inspected
<015> Study Area Name	LINCOLN CTY TEL SYS	
<020> Program Year	2016	JUN 19 2015
<030> Contact Name: Person USAC should contact with questions about this data	John W Christian	
<035> Contact Telephone Number: Number of the person identified in data line <030>	7759625131 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	sixgun@1cturbonet.com	

ANNUAL REPORTING FOR ALL CARRIERS			(check box when complete)
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	
<410> Fixed	0.0	<input checked="" type="checkbox"/>	
<420> Mobile	0.0	<input checked="" type="checkbox"/>	
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	
<440> Fixed	0.0	<input checked="" type="checkbox"/>	
<450> Mobile	0.0	<input checked="" type="checkbox"/>	
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	
<510> 552351nv510 .pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	
<610> 552351nv610 .pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	
<1010>	(attach descriptive document)	<input type="checkbox"/>	
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input type="checkbox"/>	
<2005>	(complete attached worksheet)	<input type="checkbox"/>	
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	552351
<015>	Study Area Name	LINCOLN CTY TEL SYS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	John W Christian
<035>	Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sixgun@lcturbonet.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5

<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

552351nv112.pdf

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How much (USF) was used to improve service quality and how support was used to improve service quality
 <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
 <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
No

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	552351
<015>	Study Area Name	LINCOLN CTY TEL SYS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	John W Christian
<035>	Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sixgun@lcturbonet.com

[illegible]

<010>	Study Area Code	552351
<015>	Study Area Name	LINCOLN CTY TEL SYS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	John W Christian
<035>	Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sixgun@lcturbonet.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	18.0

[illegible]

(800) Operating Companies
 Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	552351
<015>	Study Area Name	LINCOLN CTY TEL SYS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	John W Christian
<035>	Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sixgun@lcturbonet.com
<810>	Reporting Carrier	Lincoln County Telephone Sys, Inc.
<811>	Holding Company	Lincoln Communications, Inc.
<812>	Operating Company	Lincoln County Telephone Sys, Inc.

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCG form 181

OMB Control No. 3060-0086/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 552351
 <015> Study Area Name LINCOLN CTY TEL SYS
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data John W Christian
 <035> Contact Telephone Number - Number of person identified in data line <030> 7759625131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> sixgun@lcturbonet.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
 <922> Feasibility and sustainability planning;
 <923> Marketing services in a culturally sensitive manner;
 <924> Compliance with Rights of way processes
 <925> Compliance with Land Use permitting requirements
 <926> Compliance with Facilities Siting rules
 <927> Compliance with Environmental Review processes
 <928> Compliance with Cultural Preservation review processes
 <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0086/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	552351
<015>	Study Area Name	LINCOLN CTY TEL SYS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	John W Christian
<035>	Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sixgun@turbonet.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0386/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	552351
<015>	Study Area Name	LINCOLN CTY TEL SYS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	John W Christian
<035>	Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sixgun@turbonet.com

552351nv1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

*Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

Price Cap Carrier Additional Documentation Data Collection Form Including Date of Return for carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 CMB Control No. 3060-0986/CMB Control No. 3060-0813 May 2013
---------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

<010> Study Area Code	
<015> Study Area Name	552351
<020> Program Year	LINCOLN CITY TEL SYS
<030> Contact Name - Person USAC should contact regarding this data	2016
<035> Contact Telephone Number - Number of person identified in data line <030>	John W Christian
<039> Contact Email Address - Email Address of person identified in data line <030>	7739823151 ext.
	sixgunwicturbonet.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b)(1)ii)

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

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Name of Attached Document(s) Listing Required Information

Form 471	
Form No. 3000-0906/OMB Control No. 3000-0906	
2013	

<010> Study Area Code 552351
 <015> Study Area Name LINCOLN CTY TEL SYS
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data John W Christian
 <035> Contact Telephone Number - Number of person identified in data line <030> 7752625131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> sixgun1cturbonet.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

552351nv3010.docx

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☐ ☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☒

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

552351nv3017.pdf

Name of Attached Document Listing Required Information

(Yes/No) ☐ ☐

(3018) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(300) Rate Of Return Carrier Substantive Documentation (continued)	
Data Collection Form	Form No. 300-015

<010> Study Area Code	552351
<015> Study Area Name	LINCOLN CTY TEL SYS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	John W Christian
<035> Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jlxoun@cturbonat.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

REDACTED
 FOR PUBLIC INSPECTION

Certification - Reporting Carrier Collection Form	FCC Form 457 OMB Control No. July 2013	Control No. 3060-0813
------------------------------------------------------	----------------------------------------------	-----------------------

<010> Study Area Code	552351
<015> Study Area Name	LINCOLN CTY TEL SYS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	John W Christian
<035> Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sixgun@lcturbonet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: LINCOLN CTY TEL SYS	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/16/2015
Printed name of Authorized Officer: John Christian	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 7759625131 ext.	
Study Area Code of Reporting Carrier: 552351	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification of Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier Form No. 3060-0986/OMB Control No. 3060-0819 Rev. 03/12

<010> Study Area Code	552351
<015> Study Area Name	LINCOLN CTY TEL SYS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	John W Christian
<035> Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sixgun@lcturbonet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(710) Broadband Price Offerings
Data Collection Form

ECC Form 01
OMB Control No: 3060-0986/OMB Control No: 3060-0819
July 2013

<010> Study Area Code 552351
<015> Study Area Name LINCOLN CTY TEL SYS
<020> Program Year 2016
<030> Contact Name - Person USAC should contact regarding this data John W Christian
<035> Contact Telephone Number - Number of person identified in data line <030> 7759625131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> sixgun@cturbonet.com

<711>								
	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>	
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
NV	Alamo	44.0	0.0	44.0	4.0	1.0	100.0	Overage Charge
NV	Alamo	59.0	0.0	59.0	4.0	1.0	200.0	Overage Charge
NV	Alamo	59.0	0.0	59.0	6.0	1.0	100.0	Overage Charge
NV	Alamo	74.0	0.0	74.0	6.0	1.0	200.0	Overage Charge
NV	Alamo	84.0	0.0	84.0	6.0	1.0	300.0	Overage Charge
NV	Alamo	116.0	0.0	116.0	15.0	10.0	200.0	Overage Charge
NV	Alamo	126.0	0.0	126.0	15.0	10.0	300.0	Overage Charge
NV	Alamo	188.0	0.0	188.0	50.0	25.0	200.0	Overage Charge
NV	Alamo	199.0	0.0	199.0	50.0	25.0	300.0	Overage Charge
NV	Alamo	267.0	0.0	267.0	100.0	50.0	200.0	Overage Charge
NV	Alamo	278.0	0.0	278.0	100.0	50.0	300.0	Overage Charge
NV	Caliente	44.0	0.0	44.0	4.0	1.0	100.0	Overage Charge
NV	Caliente	59.0	0.0	59.0	4.0	1.0	200.0	Overage Charge
NV	Caliente	59.0	0.0	59.0	6.0	1.0	100.0	Overage Charge
NV	Caliente	74.0	0.0	74.0	6.0	1.0	200.0	Overage Charge
NV	Caliente	84.0	0.0	84.0	6.0	1.0	300.0	Overage Charge
NV	Caliente	116.0	0.0	116.0	15.0	10.0	200.0	Overage Charge
NV	Caliente	126.0	0.0	126.0	15.0	10.0	300.0	Overage Charge
NV	Caliente	188.0	0.0	188.0	50.0	25.0	200.0	Overage Charge
NV	Caliente	199.0	0.0	199.0	50.0	25.0	300.0	Overage Charge
NV	Caliente	267.0	0.0	267.0	100.0	50.0	200.0	Overage Charge

710 Broadband Price Offerings

Data Collection Form

FBI Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	552351
<015>	Study Area Name	LINCOLN CTY TEL SYS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	John W Christian
<035>	Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sixgun@turbonet.com

<711>

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
NV	Caliente	278.0	0.0	278.0	100.0	50.0	300.0	Overage Charge
NV	Panaca	44.0	0.0	44.0	4.0	1.0	100.0	Overage Charge
NV	Panaca	59.0	0.0	59.0	4.0	1.0	200.0	Overage Charge
NV	Panaca	59.0	0.0	59.0	6.0	1.0	100.0	Overage Charge
NV	Panaca	74.0	0.0	74.0	6.0	1.0	200.0	Overage Charge
NV	Panaca	84.0	0.0	84.0	6.0	1.0	300.0	Overage Charge
NV	Panaca	116.0	0.0	116.0	15.0	10.0	200.0	Overage Charge
NV	Panaca	126.0	0.0	126.0	15.0	10.0	300.0	Overage Charge
NV	Panaca	188.0	0.0	188.0	50.0	25.0	200.0	Overage Charge
NV	Panaca	199.0	0.0	199.0	50.0	25.0	300.0	Overage Charge
NV	Panaca	267.0	0.0	267.0	100.0	50.0	200.0	Overage Charge
NV	Panaca	278.0	0.0	278.0	100.0	50.0	300.0	Overage Charge
NV	Pioche	44.0	0.0	44.0	4.0	1.0	100.0	Overage Charge
NV	Pioche	59.0	0.0	59.0	4.0	1.0	200.0	Overage Charge
NV	Pioche	59.0	0.0	59.0	6.0	1.0	100.0	Overage Charge
NV	Pioche	74.0	0.0	74.0	6.0	1.0	200.0	Overage Charge
NV	Pioche	84.0	0.0	84.0	6.0	1.0	300.0	Overage Charge
NV	Pioche	116.0	0.0	116.0	15.0	10.0	200.0	Overage Charge
NV	Pioche	126.0	0.0	126.0	15.0	10.0	300.0	Overage Charge
NV	Pioche	188.0	0.0	188.0	50.0	25.0	200.0	Overage Charge
NV	Pioche	199.0	0.0	199.0	50.0	25.0	300.0	Overage Charge

(710) Broadband Price Offerings

Data Collection Form

FCC Form 481

OMB Control No. 3060-0940/CMB Control No. 3060-0819

July 2015

<010>	Study Area Code	552351
<015>	Study Area Name	LINCOLN CTY TEL SYS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	John W Christian
<035>	Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sixgun@icturbonet.com

<711>

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
NV	Pioche	267.0	0.0	267.0	100.0	50.0	200.0	Overage Charge
NV	Pioche	278.0	0.0	278.0	100.0	50.0	300.0	Overage Charge
NV	Coyote	44.0	0.0	44.0	4.0	1.0	100.0	Overage Charge
NV	Coyote	59.0	0.0	59.0	4.0	1.0	200.0	Overage Charge
NV	Coyote	59.0	0.0	59.0	6.0	1.0	100.0	Overage Charge
NV	Coyote	74.0	0.0	74.0	6.0	1.0	200.0	Overage Charge
NV	Coyote	84.0	0.0	84.0	6.0	1.0	300.0	Overage Charge
NV	Coyote	116.0	0.0	116.0	15.0	10.0	200.0	Overage Charge
NV	Coyote	126.0	0.0	126.0	15.0	10.0	300.0	Overage Charge
NV	Coyote	188.0	0.0	188.0	50.0	25.0	200.0	Overage Charge
NV	Coyote	199.0	0.0	199.0	50.0	25.0	300.0	Overage Charge
NV	Coyote	267.0	0.0	267.0	100.0	50.0	200.0	Overage Charge
NV	Coyote	278.0	0.0	278.0	100.0	50.0	300.0	Overage Charge
NV	Lake Valley	44.0	0.0	44.0	4.0	1.0	100.0	Overage Charge
NV	Lake Valley	59.0	0.0	59.0	4.0	1.0	200.0	Overage Charge
NV	Lake Valley	59.0	0.0	59.0	6.0	1.0	100.0	Overage Charge
NV	Lake Valley	74.0	0.0	74.0	6.0	1.0	200.0	Overage Charge
NV	Lake Valley	84.0	0.0	84.0	6.0	1.0	300.0	Overage Charge
NV	Sand Springs	44.0	0.0	44.0	4.0	1.0	100.0	Overage Charge
NV	Sand Springs	59.0	0.0	59.0	4.0	1.0	200.0	Overage Charge
NV	Sand Springs	59.0	0.0	59.0	6.0	1.0	100.0	Overage Charge

<010>	Study Area Code	552351
<015>	Study Area Name	LINCOLN CTY TEL SYS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	John W Christian
<035>	Contact Telephone Number - Number of person identified in data line <030>	7759625131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sixgun@cturbonet.com

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Lincoln County Telephone System (LCTS)
2015 Progress Report on Network Improvement Projects

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